

**EMS SPECIALTY TEAMS**  
**MEDICATION AND PROCEDURES SCHEDULE**

Approved by the Medical Direction Committee 07-15-2004

Adopted by the EMS Advisory Board 08-06-2004

**PEDIATRIC / NEONATAL TEAMS**

	<b>MEDICATIONS</b>	<b>BLS</b>	<b>ALS</b>	
1	Baracant	No	X	Surfactant
2	Budesonide	No	X	Anti-inflammatory PDA
3	Digoxin	No	X	
4	Ipratropium	No	X	Inhaled Bronchodilator
5	Nitric Oxide	No	X	
6	TPN	No	X	
7	Tube Feeding	No	X	
	<b>PROCEDURES</b>	<b>BLS</b>	<b>ALS</b>	
1	Baracant administration	No	X	
2	Central line insertion / management	No	X	
3	Chest tube	No	X	
4	ECMO	No	X	
5	ICP monitor	No	X	
6	Invasive monitoring	No	X	
7	ISTAT or other lab	No	X	Measure electrolytes, ABGs, CBC
8	Neonate / Pediatric special ventilator	No	X	High frequency oscillation, liquid, other
9	Nitric oxide ventilation	No	X	
10	PICC line insertion / management	No	X	
11	Ultrasound	No	X	
12	Umbilical catheter insertion / management	No	X	

Neonatal teams may be comprised of Respiratory Therapists, Physician Assistants, Nurse Practitioners, Registered Nurses, and/or Paramedics. Additional training will be required for all of the above procedures and medications. Procedures and medications from the critical care list may also be necessary, especially for older pediatric patients. A Medical Director or Medical Advisor with a strong pediatric / neonatal background is strongly recommended.

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<b>CRITICAL CARE / AERO MEDICAL TEAMS</b>				
	<b>MEDICATIONS</b>	<b>BLS</b>	<b>ALS</b>	
1	Antiemetic	No	X	
2	Blood and blood products	No	X	
3	Hydralazine	No	X	
4	IV antibiotics	No	X	
5	Oxymetazoline	No	X	Nasal vasoconstriction
6	Tocolytic (ritodrine)	No	X	
	<b>PROCEDURES</b>	<b>BLS</b>	<b>ALS</b>	
1	Central lines	No	X	
2	Cutdown	No	X	
3	Tube / drain management	No	X	
4	ICP monitor	No	X	
5	Intra aortic ballon pump	No	X	
6	Invasive monitor	No	X	
7	Mechanical ventilator	No	X	
8	Ultrasound	No	X	
<p>Critical care teams may be comprised of Respiratory Therapists, Physician Assistants, Nurse Practitioners, Registered Nurses, and/or Paramedics. Additional training will be required for all of the above procedures and medications. Additional procedures and medications from the pediatric / neonate list may also be necessary, especially for teams transporting pediatric patients. When transport of pediatric patients is included in the transport mission profile, a Medical Director or Medical Advisor with a strong pediatric / neonatal background is strongly recommended.</p>				

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**WILDERNESS / REMOTE MEDICINE TEAMS**

	<b>MEDICATIONS</b>	<b>BLS</b>	<b>ALS (I / P)</b>	
1	Over the counter (OTC)	X	X	
2	Carbonic anhydrase inhibitor	NO	X	High altitude diagnosis
3	Oral antibiotic	NO	X	
4	Oral steroids	NO	X	
5	Oral rehydration solution	X	X	
6	Temporary filling materials	NO	X	Dental emergencies
7	Lidocaine SQ	NO	X	
8	Topical anesthetic	NO	X	Wound management
9	Otic abx / steroid solution	NO	X	Swimmers ear, ear infections
10	Ophthalmic abx / steroid solution	NO	X	Corneal abrasions
11	Ophthalmic anesthetic	NO	X	Corneal abrasions
12	Cycloplegic	NO	X	Snow blindness
13	Topical steroid	X	X	
14	Oral narcotic / analgesic	NO	X	
15	Oral sedative	NO	X	
16	Rectal suppository antiemetic	NO	X	
17	Nifedipine	NO	X	High altitude
	<b>PROCEDURES</b>	<b>BLS</b>	<b>ALS (I / P)</b>	
1	Oral rehydration	X	X	
2	I and D wounds / closure	X	X	
3	Corneal exam w/fluorescein	NO	X	
4	Use Gamow bag or similar	NO	X	Pressurized bag for high altitude
5	Chest tube insertion	NO	X	
6	Reduce dislocation	NO	X	
7	Treat and release	X	X	
8	Terminate CPR	X	X	

Medical Directors using this schedule should select appropriate medications and skills based upon the location, nature and duration of activity. Specific environmental hazards should be reviewed with EMS provider prior to departure. Trip specific risk and injury prevention need to be discussed with group leaders and participants prior to departure. Participants should be screened for chronic illnesses and conditions. While having such a condition may not prevent participation, medical personnel need to know about such conditions ahead of time.

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**FEMA / HAZ MAT / DISASTER TEAMS**

	<b>MEDICATIONS</b>	<b>BLS</b>	<b>ALS (I / P)</b>	
1	Antibiotics / antivirals (oral, ophthalmic, IM, IV, topical)	NO	X	
2	Anxiolytics / hypnotics	NO	X	
3	Vaccines / immunoglobulin	NO	X	
4	Acetazolamide	NO	X	
5	Digoxin	NO	X	
6	Canine medications	NO	X	
7	Lidocaine / anesthetic – topical & infiltration	NO	X	
8	Antiemetic	NO	X	
9	Narcotic – oral	NO	X	
10	Ketamine	NO	X	
11	Antivenin	NO	X	
12	Kayexalate	NO	X	
13	Methylene blue	NO	X	
14	Calcium - topical	NO	X	
15	Steroids - oral	NO	X	
16	Potassium iodide	NO	X	
17	Silvadene cream	NO	X	
18	Procainamide	NO	X	
	<b>Comfort Over-the-Counter (OTC) Meds</b>			
19	Antacid	NO	X	
20	Antifungal - topical	NO	X	
21	Laxative	NO	X	
22	Antidiarrheal	NO	X	
23	Decongestant – oral/nasal	NO	X	
24	Acetaminophen	NO	X	
25	NSAIDS	NO	X	
26	Hemorrhoidal rectal suppositories / cream	NO	X	
	<b>PROCEDURES</b>	<b>BLS</b>	<b>ALS (I / P)</b>	
1	Suturing / surgical staples / wound closure	NO	X	
2	Morgan lenses	NO	X	

All medications and procedures are for the Paramedic / Intermediate / Cardiac Technician levels ONLY. These medications and procedures are to be administered and/or dispensed on the order of the medical control physician at the incident scene, or under direct specialized protocols.

**Additional training is required to perform these procedures and administer these medications.**

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**TACTICAL EMS TEAMS**

	MEDICATIONS	BLS	ALS (I / P)	
1	Antibiotics	NO	X	
2	Anxiolytics/hypnotics	NO	X	
3	Vaccines	NO	X	
4	Canine medications	NO	X	
5	Topical/ocular/infiltration anesthetics	NO	X	
6	Antiemetics	NO	X	
7	Oral narcotics	NO	X	
8	Antivenin	NO	X	
9	Silvadene cream	NO	X	
10	Corneal exam w/fluorescein	NO	X	
	<b>Comfort Over-the-Counter (OTC) Meds</b>	NO	X	
11	Antacids	NO	X	
12	Laxatives	NO	X	
13	Antidiarrheals	NO	X	
14	Non opiate analgesics	NO	X	
15	Eye care products	NO	X	
		<b>BLS</b>	<b>ALS (I / P)</b>	
1	Suturing/surgical staples	NO	X	
2	Morgan Lenses	NO	X	

Tactical EMS operations often occur in an austere and potentially life-threatening environment that may be temporarily isolated from normal levels of prehospital emergency medical care and transport. Besides providing direct care to tactical law enforcement personnel, tactical EMS operators might be called upon to provide care to civilians trapped within a tactical law enforcement incident and to potentially hostile individuals brought into custody. Prolonged operations in such an environment may also task the tactical EMS operator with the additional duties of providing preventive medical care in support of tactical law enforcement personnel.

These medications /procedures are to be utilized by Intermediates and Paramedics and are to be administered/dispensed on the order of the on-line /on-scene medical control physician or by special protocols.

**Additional training is required at the discretion of the medical control physician.**